U.S. Department of Labor

Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
AUG	1	5	2005	
E				

Name ROBERT

1. File Number U - 6379

3. Name and address of person filing.

A QUANSTROM

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 001-949

Name CHICAGO REGIONAL COUNCIL OF CARPENTERS

P.O. Box, Bldg., Room No., if any SUITE 102	P.O. Box, Building and Room Number, if any		
Street 750 n FRANKLIN	Street 12 EAST ERIE		
City CHICAGO	City CHICAGO		
State Illinois ZIP Code + 4 60610	State Illinois ZIP Code + 4 60611		
5. Position in labor organization. BUSINESS REPRESENTATIVE-LOCAL 1			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed College	On 08/09/2005 (312) 280-0230		
	Date Telephone Number		
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Name of Person Filing	ROBERT QUANSTROM	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization X b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name CHICAGO REGIONAL COUNCIL OF CARPENTERS	5/2004 TRUSTEES MEETING / QUARTERLY BREAKFAST
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 12 RAST ERIE	11.b. Approximate dollar value of such dealing. \$40
City CHICAGO	12.a. Nature of interest held or income received.
State Illinois ZIP Code + 4 60611	and the second of the second o
	12.b. Amount.
	<u> </u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		